

## INSTRUCTIONS APPLICATION FOR ESCROW AGENCY LICENSE

**This application will not be considered complete until this office receives all fees and required information. Failure to provide all documentation will result in increased processing time and possible denial of the application. All blanks must be completed. If N/A, so state.**

- No. 1 Full legal name of entity. The only instance, in which the "applicant" may be a natural person, is if the applicant is a sole proprietorship. Otherwise, the "applicant" is a separate legal entity that will be conducting business. The name inserted on this line must be **identical** to the name filed with the Secretary of State.
- No. 2 If applicant operates under a trade or assumed name, the name inserted on this line must be **identical** to the name that appears on the certificate of assumed business name filed with the Idaho Secretary of State.
- No. 3 Street address of the corporate/home/main office location, that will appear on the face of the license.
- No. 4 The mailing address of the applicant, if different from No. 3. If same, so state.
- No. 5 Main office phone number, fax number, web site and/or e-mail address.
- No. 6 Check the type of organization. Attach copies of Certificate of Authority, Articles of Incorporation or Organization, Partnership Agreement and Bylaws, whichever is applicable.
- No. 7 Insert the state in which the applicant was originally registered and date that the applicant was incorporated, organized or formed.
- No. 8 Self-explanatory
- No. 9 Self-explanatory
- No. 10 Self-explanatory
- No. 11 Complete name, address, and phone number of the Registered Agent for Service of Process. (Sole Proprietor's put "N/A.") Registered Agent must be a person located in the state in which you are applying.
- No. 12 Self-explanatory
- No. 13 Self-explanatory
- No. 14 Self-explanatory
- No. 15 List the states in which the applicant/registrant is conducting or has conducted similar mortgage business.
- No. 16 List the name, title, complete address, and percentage of ownership of each director, manager, member, partner all 10% or greater equity owners, and the supervising escrow agent. Additional sheets may be copied and attached, if necessary. For purposes of this application, "equity owners" includes stockholders, members, partners, limited partners or others that own equity in the business seeking licensure. The supervising escrow agent must demonstrate a minimum of three (3) years of supervisory experience in relation to an escrow business.
- No. 17 Self-explanatory
- No. 18 Information concerning the parent company, if the applicant is a subsidiary and an organizational chart.

### ALL ATTACHMENTS MUST BE SUBMITTED

**Mail completed application, attachments and fees to the Idaho Department of Finance:**

**USPS: P.O. Box 83720 Boise, Idaho 83720-0031**

**Overnight/delivery: 800 Park Blvd., Ste 200 Boise, Idaho 83712**

REVISED 1/2007	UNIFORM APPLICATION FOR LICENSURE			TYPE OF LICENSE APPLIED FOR: <b>Idaho</b> <b>Escrow Agency</b>
1.	Full legal name of applicant ( <i>attach secretary of state certificate from the state in which you are applying</i> ):			
2.	Trade name, dba, or assumed name of applicant, if applicable: ( <i>attach registration documentation/certificate</i> )			Fed. Tax I.D.#:
3.	Home/main office street address:			
	City:	State:	Zip Code:	
4.	Mailing address (street or post office box):			
	City:	State:	Zip Code:	
5.	Business phone number:		Business fax number:	
	E-mail address:		Web site: www.	
6.	Type Of Organization: <input type="checkbox"/> Corporation  <input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Sole Proprietorship  <input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other (Explain)	
7.	State/Commonwealth of Incorporation:		Date of Incorporation/Organization:	
8.	Does applicant engage in any business activity other than escrow activity? If yes, attach description of activity.:			
9.	Physical address of location at which the official books and records of the applicant are kept:			
	City:	State:	Zip Code:	Phone No:
10.	Does applicant engage in escrow activity through electronic or automated mediums, such as the internet? ( ) If yes, attach description of activity and web site address ( ) No			
11.	Registered agent for service of legal process: ( <i>must be located in Idaho</i> )			
	Name:			
	Mailing Address:			
	City:	State:	Zip:	Phone Number:
12.	Person authorized to answer questions pertaining to this application:			
	Name:			
	Address:			
	City:	State:	Zip Code:	Phone No:
	E-Mail Address:		Fax No:	
13.	Person authorized to answer regulatory compliance issues:			

	Name:				
	Address:				
	City:	State:	Zip Code:	Phone No:	
	E-Mail Address:		Fax No:		
14.	Person authorized to answer consumer complaints:				
	Name:				
	Address:				
	City:	State:	Zip Code:	Phone No:	
	E-Mail Address:		Fax No:		
15.	List all states in which applicant is conducting or has conducted escrow business. (attach list if necessary)				
	State or states in which business/was conducted	Type of business conducted	Names under which applicant <u>is</u> or <u>has</u> operated	Original license date	Active or Inactive
16.	A. List all principal officers and title held, directors, partners, and members. (attach addendum if necessary)				
	Name & Title	Principal Office Address		% Ownership	
	Name & Title	Principal Office Address		% Ownership	
	Name & Title	Principal Office Address		% Ownership	
	Name & Title	Principal Office Address		% Ownership	
	Name & Title	Principal Office Address		% Ownership	
	B. List all persons that have a 10% or greater equity interest not listed above.				
	Name	Principal Office Address		% Ownership	
	Name	Principal Office Address		% Ownership	
	Name	Principal Office Address		% Ownership	

C. List designated Supervising Escrow Agent. This person agrees to supervise diligently and control the escrow related activities of its agents, employees and independent contractors in accordance with Idaho Code 30-919(9).

Name

Principal Office Address

% Ownership

17. **Read the following questions carefully. If the answer is yes to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgment amounts.**

A. Are there any civil or criminal proceedings pending against the applicant or civil or criminal convictions, plea of nolo contendere, withheld judgment or plea to lesser charge entered against the applicant that involve theft, fraud, dishonest dealings or moral turpitude? ( ) Yes, attach explanation  
( ) No

B. Is/has the applicant ever been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding? ( ) Yes, attach explanation  
( ) No

C. Has any state or federal government agency denied the applicant a license? ( ) Yes, attach explanation  
( ) No

D. Is/has the applicant been the subject of any administrative action or enforcement proceeding by any state or federal government agency involving fines, penalties, cease and desist or the revocation or suspension of any business license or permit? ( ) Yes, attach explanation  
( ) No

18. Is applicant a subsidiary? ☐ Yes ☐ No

Parent company name:

Mailing address:

City:

State:

Zip Code:

**IN ADDITION TO ALL OF THE ABOVE, APPLICANT MUST SUBMIT THE FOLLOWING ATTACHMENTS IN THE ORDER LISTED. THE APPLICATION WILL BE DEEMED INCOMPLETE WITHOUT THIS INFORMATION. EACH ATTACHMENT SHOULD BE A SEPARATE, LABELED EXHIBIT:**

A. Application fee of \$350.00, non-refundable, payable to the Idaho Department of Finance,

B. Biographical / Authority Sheet completed and notarized for everyone listed in #16, any incorporator or sole proprietor.(See Attachment B)

C. A current 10-year employment/experience form for everyone listed in #16 and sole proprietors.(See Attachment C)

D.	Residence addresses for the last 10 years for everyone listed in #16 and sole proprietors.(See Attachment D)
E.	<p>Provide file stamped copies of the following, whichever are applicable. Contact the Idaho Secretary of State at (208) 334-2300 for forms or questions:</p> <ol style="list-style-type: none"> <li>1. Certificate of Good Standing from the Secretary of State or other state authority in which the applicant was originally incorporated or organized.</li> <li>2. If applicant is a corporation, provide a copy of Articles of Incorporation, including amendments, and an Idaho certificate of authority (if outside Idaho).</li> <li>3. If applicant is a Limited Liability Company (LLC) provide a copy of the Articles of Organization, operating agreement and an Idaho application for registration of foreign limited liability company (if outside Idaho).</li> <li>4. If applicant is a general partnership or a Limited Liability Partnership (LLP) provide a copy of the Partnership agreement and appropriate corresponding additional Idaho filing (if outside Idaho).</li> <li>5. If applicant intends to use a “d/b/a” or “fictitious” business name provide a copy of the certificate of assumed business name for each name.</li> </ol>
F.	Authorization to Examine Trust Account
G.	Provide a roster of personnel at this location who handle or have access to trust accounts or trust account funds. Include name and title.
H.	Surety bond--\$20,000 for initial application (original with all attachments, POA, etc).
I.	Fidelity Bond--\$200,000 with a maximum deductible of \$10,000, covering applicant, each corporate officer, partner, managing member, escrow agent and employee of the applicant.
J.	<p>E&amp;O Insurance Policy—minimum coverage \$50,000 (or approved alternative coverage as per Idaho Code 30-909(2)), covering applicant, each corporate officer, partner, managing member, escrow agent and employee of the applicant.</p> <p><i>COVERAGE FOR ALL POLICIES SHOULD BE CONTINUOUS (no expiration date, no lapse in coverage). Insurer must notify the Department 30 days prior to cancellation.</i></p>

## APPLICATION AFFIDAVIT

I, on behalf of applicant, understand and certify that in accordance with Idaho Code 30-907(2) information contained in this application shall be updated and filed with the director as necessary to keep the information current

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Company

By:

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Print Name and Title

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**STATE OR COMMONWEALTH OF** \_\_\_\_\_  
**COUNTY /PARISH OF** \_\_\_\_\_

\_\_\_\_\_ personally came and appeared before me, the undersigned  
(authorized person above)

notary, and declared under oath that she/he is the \_\_\_\_\_ of  
(Title)

\_\_\_\_\_, that she/he is authorized to sign and submit the attached  
(Name of Company)  
application and that all statements and representations made therein are true and correct to the best of  
his/her knowledge, information and belief.

Sworn to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print Name of Notary Public

My Commission Expires: \_\_\_\_\_

(Seal)

Please submit all items simultaneously. All approved licensees are posted to the website daily.

YOU ARE NOT AUTHORIZED TO ENGAGE IN ESCROW ACTIVITIES IN IDAHO UNTIL YOU HAVE RECEIVED A  
LICENSE.

<b>ATTACHMENT B</b>		<b>AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES</b>	
<b>TO BE SUBMITTED FOR EACH PERSON LISTED IN QUESTION # 16 &amp; ANY INCORPORATOR</b>			
Name:		Social Security #:	
List any other name used (e.g. maiden, prior marriage, nickname, other legal change, etc.)			
Home Address, City, State, Zip Code:			
Date of Birth:		Home Telephone No:	
Read the following questions carefully. If the answer is "yes" to any of the questions within the past ten years, attach a full written explanation. Include names, dates, court name and address, case number, judgment amounts.			
1. Have any civil judgments been entered against you during the past 10 years?		( ) Yes, attach explanation ( ) No	
2. Are there any civil proceedings pending against you or civil judgments entered against you which involve fraud or dishonesty?		( ) Yes, attach explanation ( ) No	
3. Have you been convicted of, entered a plea of Nolo Contendere, or received a withheld judgment to a felony?		( ) Yes, attach explanation ( ) No	
4. Have you ever been convicted of, entered a plea of Nolo Contendere, or received a withheld judgment to any misdemeanor involving theft, fraud, or dishonesty?		( ) Yes, attach explanation ( ) No	
5. Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?		( ) Yes, attach explanation ( ) No	
6. Have you been subject to any enforcement proceedings by any State or Federal government agency involving a cease and desist order, denial, revocation or suspension of any business, fines or penalties?		( ) Yes, attach explanation ( ) No	
7. Have you been discharged for cause, been requested to resign from any employment position, or has any professional or occupational license or permit or your right to engage in any business been refused or restricted in any jurisdiction?		( ) Yes, attach explanation ( ) No	
8. Is there a criminal complaint, accusation, or information presently pending against you, or are you under indictment in any state, or by the federal government, or by any other jurisdiction?		( ) Yes, attach explanation ( ) No	
I hereby authorize the licensing authority, to make inquiries from any financial institution, credit bureau or law enforcement agency for the purpose of determining his/her financial responsibility, character and fitness in connection with an application for a license or registration.			
I hereby certify that the information on this form is, to the best of my knowledge, complete and accurate.			
<div style="text-align: right;"> _____  Signature </div>			
SUBSCRIBED BEFORE ME ON THIS _____ day of _____, 20 _____.			
AT: _____, _____ (CITY) (STATE or COMMONWEALTH)			
PRINT NAME OF NOTARY PUBLIC:		SIGNATURE OF NOTARY PUBLIC:	

**Attachment [C]****EMPLOYMENT/EXPERIENCE HISTORY FOR THE LAST 10 YRS**

Each sole proprietor, officer, director, partner, member, manager, supervising escrow agent, and 10% or greater equity owner of applicant must fill out this form. You may submit your own resume' as long as it includes ALL the information listed below. Explain any gaps in work history. *(Attach additional sheets, if necessary)*

NAME: \_\_\_\_\_

Employer Name Address & Phone	Position AND Brief Description of Duties (job titles alone are not sufficient)	Start Date mo/yr	End Date mo/yr	Reason for Leaving

**Attachment [D]****LIST RESIDENTIAL ADDRESSES FOR THE LAST 10 YRS**

Each sole proprietor, officer, director, partner, member, manager, supervising escrow agent and each 10% or greater equity owner of applicant must fill out this form. *(Attach additional sheets, if necessary)*

NAME: \_\_\_\_\_

Residential Address	Start Date mo/yr	End Date mo/yr